



**SOUTH CAROLINA BUDGET AND CONTROL BOARD
EMPLOYEE INSURANCE PROGRAM**

**REQUEST TO INSPECT AND/OR COPY
PROTECTED HEALTH INFORMATION**

INSTRUCTIONS:

Complete this form, or submit the information requested in any other written form to:

Director
Employee Insurance Program
1201 Main Street, Suite 300
P.O. Box 11661
Columbia, S.C. 29211

The Employee Insurance Program has 30 days from receipt to respond to your request and an additional 30 days may be needed to respond. An administrative fee may be charged for expenses incurred related to this request.

Name: _____ ID Number: ____ / ____ / ____

Address: _____
(Street, P. O. Box)

(City, State, Zip Code)

Telephone Number: _____ Date: _____

Please specify the health information that you wish to inspect or obtain copies of: (a) enrollment; (b) claims; (c) premium billing; (d) medical/case management; (e) appeals; or (f) other. Please specify dates (list range).

Do you want the requested PHI copied? EIP will provide the first 50 pages free of charge and will charge 20 cents for each page after that (as well as charge for the first 50 pages - i.e.: 51 pages = \$10.20). EIP may provide a written summary of PHI if the individual requesting this information agrees to the preparation cost.

(Select one) Yes____ No____ Will decide after reviewing information _____

Signature: _____